

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15533**

40.300
10.48

FILED MAY 23 1956

REG. DIST. NO. **32**

PRIMARY REG. DIST. NO. **5114**

Registrar's No. **41**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY BOHNINGER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY BOHNINGER	
b. CITY OR TOWN RURAL WAYNE Twp. ^{LifeLine}		c. CITY OR TOWN LUTESVILLE, Mo. R.F.D.#3	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____ 1		d. STREET ADDRESS (If rural, give location) 0	
3. NAME OF DECEASED (Type or Print) a. (First) GROVER		b. (Middle) C.	
		c. (Last) KEY	
		4. DATE OF DEATH MAY 9 1956	
5. SEX M	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH MAY 15, 1889
9. AGE (In years last birthday) 66		10 UNDER 1 YEAR Months	10 OVER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY Ret Farmer	11. BIRTHPLACE (City and State or Foreign Country) HANN, MISSOURI
13a. FATHER'S NAME AOD KEY		13b. MOTHER'S MAIDEN NAME NOT KNOWN	14. NAME OF HUSBAND OR WIFE JOSIE HINKLE KEY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME PAUL KEY, R.F.D.#3, LUTESVILLE Mo
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 48 Hrs	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last. DUE TO (b) Senility & Hypertension			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or conditions causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	443x
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2:14 , 19 56 , to _____, 19____, that I last saw the deceased alive on 2 May, 1956 , and that death occurred at 12:30 a. m. , from the causes and on the date stated above.			
23a. SIGNATURE D. H. Merrill, M.D. (Degree or title)		23b. ADDRESS Advance, Mo.	23c. DATE SIGNED 12 May 56
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5/11/56	24c. NAME OF CEMETERY OR CREMATORY UNION HILL CEMETERY	24d. LOCATION (City, town, or county) (State) Bohninger Co. Mo.
DATE REC'D BY LOCAL REG. 5-18-56	REGISTRAR'S SIGNATURE Max Buford Crader	25. FUNERAL DIRECTOR'S SIGNATURE Mrs. Lloyd S. Maynor, Jr. Advance ADDRESS 770	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4640

P. O. Address Advocate, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.